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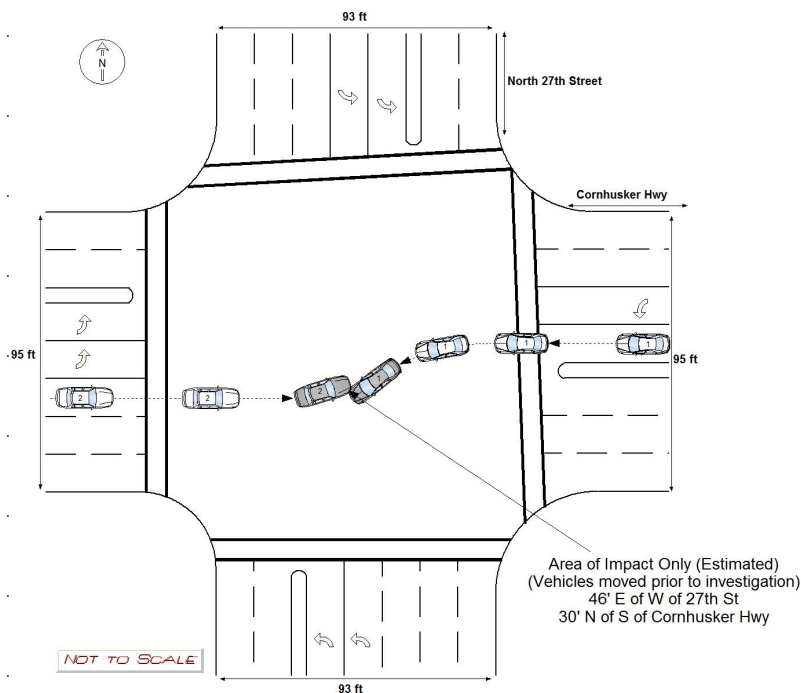
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 113	Agency Case No. B5-053301	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1 04	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/15/2015		TIME OF ACCIDENT 0450	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2258	06/16/2015	
B 60	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. CORNHUSKER HWY		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY N. 27TH ST			IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 2	DRIVER LICENSE NO.	G02130709		STATE (Of License)	NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
V1/N 2	DRIVER	JOE F PAYNE		PHONE	LOCAL NO.	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP 2239 GRIFFITH, LINCOLN, NE 68503		DATE OF BIRTH (MM / DD / YYYY)	05/25/1952	
G 6	OWNER	JOE PAYNE		PHONE	LOCAL NO.	
H 2	OWNER ADDRESS	CITY, STATE, ZIP 2239 GRIFFITH ST, LINCOLN, NE 68503		CITATION <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/O 5	LICENSE PLATE	PA NO. TVV221	YEAR 2016	STATE (Of Plate)	NE	
V2/O 2	VEHICLE	YEAR 2003	MAKE Chevrolet	MODEL IPL	BODY STYLE 4 door Sedan	COLOR silver / chrome
I 1	VEHICLE ID NO. (VIN)	2G1WH52K539110253		ESTIMATED DAMAGE	<input type="checkbox"/> TOALED \$ 200	
V1/P 8	VEHICLE	YEAR 2010	MAKE Chevrolet	MODEL M/L	BODY STYLE 4 door Sedan	COLOR brown
V2/P 8	VEHICLE ID NO. (VIN)	1G1ZB5EB2AF212138		INSURANCE COMPANY	FARM BUREAU PROP & CAS INS CC	
J 01	TOWED TO	TOWED BY		POLICY NO.	0000000007946720	
VEHICLE NO. 2						
V1/Q 4	DRIVER LICENSE NO.	H12645773		STATE (Of License)	NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
V2/Q 4	DRIVER	CORKI I DAVISON		PHONE 4023109878	LOCAL NO.	
K 02	DRIVER ADDRESS	CITY, STATE, ZIP 3001 NW 12TH ST #232, LINCOLN, NE 68521		DATE OF BIRTH (MM / DD / YYYY)	09/23/1983	
L 01	OWNER	LARRY DUCHENE		PHONE 4023109878	LOCAL NO. 09-15-79	
M 01	OWNER ADDRESS	CITY, STATE, ZIP 3001 NW 12TH ST #232, LINCOLN, NE 68521		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
N 02	LICENSE PLATE	NO. NONE	YEAR 2010	STATE (Of Plate)	NE	
O 02	VEHICLE	YEAR 2010	MAKE Chevrolet	MODEL M/L	BODY STYLE 4 door Sedan	COLOR brown
P 02	VEHICLE ID NO. (VIN)	1G1ZB5EB2AF212138		ESTIMATED DAMAGE	<input type="checkbox"/> TOALED \$ 700	
Q 02	TOWED TO	TOWED BY		POLICY NO.	274587936	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



Driver #2 said she was driving eastbound on Cornhusker Hwy approaching 27th St when Vehicle #2 (traveling westbound) slowly entered the intersection with 27th St to turn southbound in front of her. Driver #2 said Vehicle #1 slowly coasted into her path and she attempted to avoid the collision, but was unable to. Driver #2 said she stopped to get out in the pouring rain and saw Vehicle #1 slowly drive to the SW corner of the intersection, then speed up and drive southbound on 27th St, failing to stop. Driver #2 said she was able to see the license plate and copied it down. Ofc made contact with Owner #1 who said he was Driver #1 during the time of the crash. Driver #1 said he did not remember being in a crash at that intersection. Investigation found Driver #1 was involved in another Hit & Run crash shortly after (B5-053021, 06-15-15 0455) at 27th St/Vine St (south of the crash) and another crash (B5-053020, 06-15-15 0503) at Vine St/45th ...

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																																								
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																																								
WITNESSES	NAME								ADDRESS								PHONE																																								
	NAME								ADDRESS								PHONE																																								
VEHICLE MOVEMENT BEFORE COLLISION										POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)										AIRBAG DEPLOYED VEHICLE 1						RESTRAINT USE VEHICLE 1						TOTAL OCCUPANTS				VEH 1		1		VEH 2		1															
VEH NO.		N	S	E	W	ROAD OR HIGHWAY NAME														ALCOHOL TESTING		Driver No. 1		Driver No. 2		Pedestrian																															
1					X	CORNHUSKER														-		-		-		-																															
2					X	CORNHUSKER														4		9		1		1																															
1		06		06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				POINT OF IMPACT		02		POINT OF IMPACT		02												1		Y		Y		Y																									
2		01						MOST DAMAGED AREA		02		MOST DAMAGED AREA		02												N		X		N		X		N																							
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right										06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown										00 None 01 Top & windows 02 Undercarriage 03 Total (all areas) 04 Other										01 Deployed - front 02 Deployed - side 03 Deployed - both front/side 04 Not deployed 05 Not applicable/ No airbag available 06 Unknown										1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown										BAC LEVEL				Driver No. 1		Driver No. 2	
																																																		ALCOHOL/ DRUGS SUSPECTED				1		5	
OFFICER NO. 1651										TROOP/ TEAM/ BEAT 7										DEPARTMENT Lincoln Police Department										Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																											
INVESTIGATOR NAME (Print or Type) Andrew Vocasek										INVESTIGATOR SIGNATURE Approved by Officer Andrew Vocasek										DATE OF REPORT 06/16/2015																																					

49302

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

113

B5-053301

STATE USE ONLY

06/15/2015

OF
ACCIDENT

CITY

coln

Lincoln

CORNHUSKER HWY

Photos were taken of Vehicle #2 and uploaded as digital evidence.

1651

7

Lincoln Police Department

Andrew Vocasek

Approved by Officer Andrew Vocasek

06/16/2015